POWER OF ATTORNEY **OR** **REVOCATION OF POWER OF ATTORNEY** **WITH A NEW POWER OF ATTORNEY** **AND** **CHANGE OF CORRESPONDENCE ADDRESS**	Application Number	09/701,014–Conf #4760
	Filing Date	11-22-2000
	First Named Inventor	Kyriacos A. Mitraphanous
	Title	RETROVIRAL DELIVERY SYSTEM
	Art Unit	1636
	Examiner Name	GUZO, DAVID
	Attorney Docket No.	2204437.124 US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer
Number as my/our attorney(s) or agent(s) to prosecute the application
identified above, and to transact all business in the United States Patent
and Trademark Office connected therewith:

> 28089

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above,
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Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

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Country		Telephone		Email	

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record			
Signature	_Mhom_	Date	02 october 2010
Name	Peter Nolan	Telephone	44 (0) 1865 783000
Title and Company	Exec Director, IP SVP Commercial Development Oxford Biomedica (UK) Limited		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of __1__ forms are submitted.